PREMIER REHABILITATION & SKILLED NURSING

2121 PIONEER DRIVE

BELOIT	53511	Phone: (608) 365-9526		Ownership:	Corporation
Operated from 1/2	To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunc	tion with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set	: Up and St	affed (12/31/05):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed	l Capacity	(12/31/05):	120	Title 19 (Medicaid) Certified?	Yes
Number of Resident	s on 12/31	/05:	109	Average Daily Census:	110

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	8	   Age Groups 	*	   Less Than 1 Year   1 - 4 Years	39.4 35.8
Developmental Disabilities	0.9	Under 65	6.4	More Than 4 Years	24.8
Mental Illness (Org./Psy)	23.9	65 - 74	7.3	İ	
Mental Illness (Other)	2.8	75 - 84	33.9	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	46.8		
Para-, Quadra-, Hemiplegic	1.8	95 & Over	5.5	Full-Time Equivalent	
Cancer	5.5			Nursing Staff per 100 Resid	ents
Fractures	5.5		100.0	(12/31/05)	
Cardiovascular	17.4	65 & Over	93.6		
Cerebrovascular	12.8			RNs	11.6
Diabetes	15.6	Gender	%	LPNs	11.9
Respiratory	13.8			Nursing Assistants,	
Other Medical Conditions	0.0	Male	29.4	Aides, & Orderlies	44.8
		Female	70.6	İ	
	100.0			j	
		İ	100.0	İ	

## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	11	100.0	348	 7	8.6	152	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	18	16.5
Skilled Care	0	0.0	0	72	88.9	131	0	0.0	0	17	100.0	181	0	0.0	0	0	0.0	0	89	81.7
Intermediate				2	2.5	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		81	100.0		0	0.0		17	100.0		0	0.0		0	0.0		109	100.0

PREMIER REHABILITATION & SKILLED NURSING

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	7.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	6.4		72.5	21.1	109
Other Nursing Homes	1.1	Dressing	14.7		64.2	21.1	109
Acute Care Hospitals	86.4	Transferring	27.5		49.5	22.9	109
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.7		52.3	22.0	109
Rehabilitation Hospitals	0.0	Eating	81.7		5.5	12.8	109
Other Locations	0.0	*******	******	*****	*******	******	*****
Total Number of Admissions	177	Continence		왕	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	11.9	Receiving Resp	iratory Care	9.2
Private Home/No Home Health	30.1	Occ/Freq. Incontiner	nt of Bladder	52.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.1	Occ/Freq. Incontiner	nt of Bowel	39.4	Receiving Suct	ioning	0.0
Other Nursing Homes	1.1	İ			Receiving Osto	my Care	0.9
Acute Care Hospitals	13.6	Mobility			Receiving Tube	Feeding	1.8
Psych. HospMR/DD Facilities	0.6	Physically Restraine	ed	0.9	Receiving Mech	anically Altered Diets	19.3
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	33.0	With Pressure Sores		3.7	Have Advance D	irectives	71.6
Total Number of Discharges		With Rashes		0.9	Medications		
(Including Deaths)	176	İ			Receiving Psyc	hoactive Drugs	48.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	******	*****	******	******	*****	*****	*****	*****	*****
		Own	ership:		Size:		ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	૪	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.7	85.8	1.07	90.1	1.02	88.8	1.03	88.1	1.04
Current Residents from In-County	88.1	81.3	1.08	84.9	1.04	83.2	1.06	77.6	1.14
Admissions from In-County, Still Residing	23.2	16.8	1.38	18.1	1.28	18.7	1.24	18.1	1.28
Admissions/Average Daily Census	160.9	216.2	0.74	188.0	0.86	177.7	0.91	162.3	0.99
Discharges/Average Daily Census	160.0	217.8	0.73	191.1	0.84	179.2	0.89	165.1	0.97
Discharges To Private Residence/Average Daily Census	62.7	100.9	0.62	87.1	0.72	83.4	0.75	74.8	0.84
Residents Receiving Skilled Care	98.2	97.2	1.01	96.6	1.02	96.3	1.02	92.1	1.07
Residents Aged 65 and Older	93.6	91.5	1.02	90.0	1.04	91.3	1.03	88.4	1.06
Title 19 (Medicaid) Funded Residents	74.3	61.7	1.20	62.3	1.19	61.8	1.20	65.3	1.14
Private Pay Funded Residents	15.6	19.4	0.80	20.8	0.75	22.5	0.69	20.2	0.77
Developmentally Disabled Residents	0.9	0.9	1.05	0.9	0.97	1.1	0.83	5.0	0.18
Mentally Ill Residents	26.6	28.9	0.92	34.5	0.77	34.8	0.76	32.9	0.81
General Medical Service Residents	0.0	23.7	0.00	22.0	0.00	23.0	0.00	22.8	0.00
Impaired ADL (Mean)	44.6	47.9	0.93	48.8	0.91	48.4	0.92	49.2	0.91
Psychological Problems	48.6	59.1	0.82	59.9	0.81	59.5	0.82	58.5	0.83
Nursing Care Required (Mean)	4.5	7.1	0.63	7.3	0.62	7.2	0.62	7.4	0.60